

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of Cheneyor
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45052

Registration District No. 4405Registered No. 94
(For use of Local Registrar)(2) Full Name of Child Joe P. Jennings { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? No(7) DATE OF BIRTH Dec. 31
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Barth Gampford

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill R 75

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

17
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

School

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Jennings

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill R 75

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

School

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 5:25 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Medina Coleman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Medina

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by nurse)

J. R. Mills(27) Filed 1/19

1916

(28)

J. R. Mills

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired at stillbirth before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Caw. of Columbia.